

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34672**  
Registrar's No. **931-A**

**FILED** OCT 27 1952

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>931-A</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (If this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bolivar S.W. Marion</b>		d. STREET ADDRESS (If rural, give location) <b>5 mi. S. of Bolivar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5 mi. S. of Bolivar</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Anna</b>		b. (Middle) <b>M</b>		c. (Last) <b>Devine</b>	
4. DATE OF DEATH (Month) (Day) (Year)		b. (Middle) <b>M</b>		c. (Last) <b>Devine</b>		4. DATE OF DEATH <b>Oct 15 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Oct 17 1881</b>	9. AGE (In years last birthday) <b>70</b>	10. MONTHS <b>11</b>	11. DAYS <b>28</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dodge Neb.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Kern</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Desauk</b>		14. NAME OF HUSBAND OR WIFE <b>Jerry Devine</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-20-2829</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ben J. Devine</b>		ADDRESS <b>Bolivar</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rectum</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
19a. DATE OF OPERATION <b>1947</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cc Rectum</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>154X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>May 1947</b> , 19 <b>52</b> , to <b>Oct 15</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Oct 15</b> , 19 <b>52</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Leona Hagler</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>609 Cherry Springfield</b>		23c. DATE SIGNED <b>10-16-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 18 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Karlins Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>South of Bolivar Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-20-52</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		FURNER'S DIRECTOR'S SIGNATURE <b>Green &amp; Blue</b>		ADDRESS <b>Bolivar Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300  
V. 10.48

0396

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Willard B. Erwin*

Licensed Embalmer No. 3092

P. O. Address Bellvue, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.